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MYOCARDIAL ISCHEMIA AND INFARCTION

PROGNOSIS OF ASYMPTOMATIC CORONARY ARTERY DISEASE AFTER PERCUTANEOUS CORONARY INTERVENTION

ACC Poster Contributions

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Tuesday, March 16, 2010, 9:30 a.m.-10:30 a.m.

Session Title: Stable Ischemic Syndrome--Revascularization in Special Populations

Abstract Category: Stable Ischemic Syndrome

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Background: The appropriate treatment of asymptomatic patients with obstructive coronary stenoses is controversial. The effect of percutaneous coronary intervention (PCI) on the prognoses of such patients is unknown. This study compares 1-year outcome after elective PCI of patients with stable coronary artery disease (CAD) with regard to the presence or absence of symptoms.

Methods: 1944 consecutive patients with stable CAD who underwent elective PCI were studied. They were divided into 2 groups: asymptomatic (n=1052) and symptomatic (n=892). One-year follow-up was conducted. End points consisted of all-cause mortality, non-fatal myocardial infarction (MI), and target vessel revascularization (TVR).

Results: Asymptomatic patients were older, predominantly male, and more frequently had chronic renal insufficiency and a history of MI. One-year mortality was higher in the asymptomatic patients (4.1% vs. 1.8% $p=0.003$). The incidences of non-fatal MI and TVR were similar between groups (1.5% vs 1.4%, $p=0.85$, 6.7% vs 7.7%, $p=0.39$). On multivariate analysis, the absence of symptoms was a strong independent predictor of 1-year death, $p=0.017$. Kaplan-Meier curves comparing survival between groups at various time points are shown (Figure). The worse survival for the asymptomatic group was significant ($p=0.003$).

Conclusions: In patients with stable CAD undergoing elective PCI, the absence of symptoms is associated with an increase in 1-year mortality.

Kaplan-Meier curves for survival

